IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

4647 6/6/1011

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. Repair DATE 11-26-97 TAX MAP NO. N/A Watershed: ☐ Yes ☒ No

OWNER OR CONTRACTOR Gene Brown PHONE: Business _____ Home 663-4284

ADDRESS 465 Rivers Hwy Mooresville NC 28115

LOCATION Hwy 150 West over I-77 1st house on left just past Rolling Hills Dr — Brick house.

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA _____ SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. .3+

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 2 (1 existing) Square Feet 1125' Linear Feet 375'

No Lines 4 at 75' Trench Width 36" Max Trench Bottom Depth 24" Gravel Depth 12"

☐ New System ☒ Repair System Type: I, II, III, IV, V, VI

System Description: _____

Repair System Description: Grav. — Conventional

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

☐ Slab ☒ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

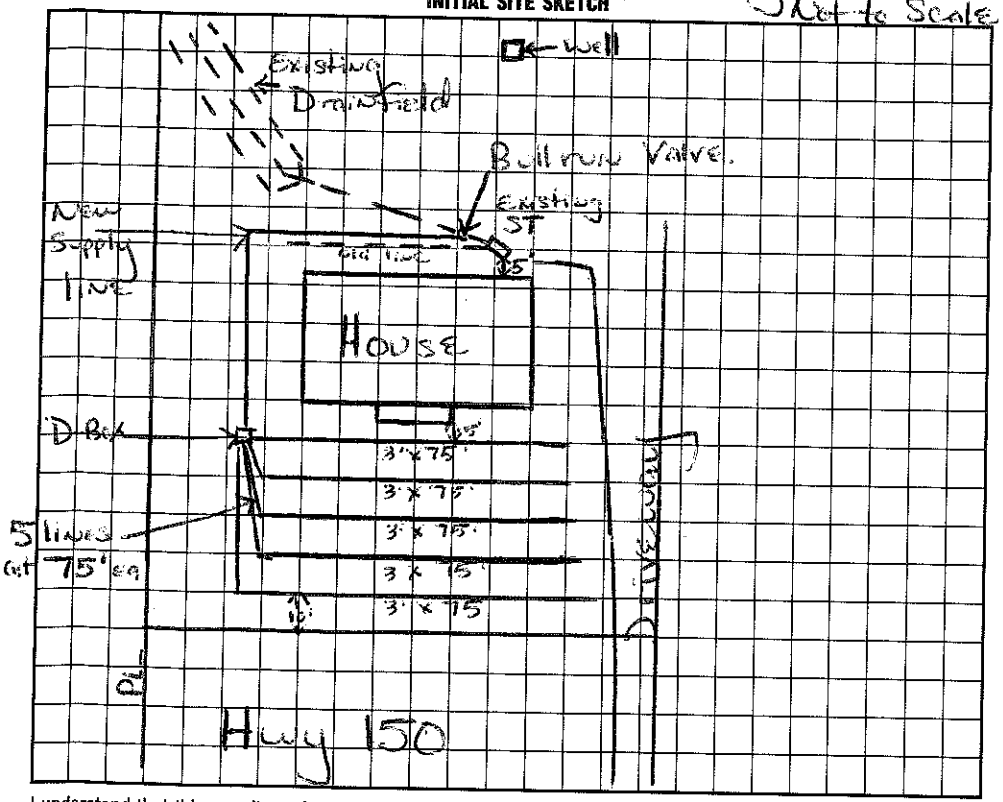
Water Supply: ☒ Individual ☐ Community ☐ Public

Comments: If Installer can't get Gravity flow to repair lines, it's okay to run supply line from other end of house. Keep Supply line 50' from well & keep Drain lines 5' from house & 10' from ROW & property lines

Comments: Install "Bull Run Valve."

INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: C E Brown

Improvement Permit by: Maria H.H. Dotson date 11/26/97

Existing System Inspection by: Maria H.H. Dotson date 11/26/97

Construction Authorization by: _____ date _____

Installed by: WAYNE KLONTZ

Certificate of Completion by: _____ date _____

Operation Permit by: _____ date 10/10/98

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD